

Filing Fee \$20.00 per month. Renewal Fee \$200.00.

**FOREIGN
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**APPLICATION FOR
REGISTRATION OF NAME**

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| <div><div></div><div>Deputy Secretary of State</div></div> <div><div></div><div>A True Copy When Attested By Signature</div></div> <div><div></div><div>Deputy Secretary of State</div></div> |
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(Name of Foreign Limited Liability Partnership)

Pursuant to 31 MRSA §1309.2, the undersigned foreign limited liability partnership executes and delivers the following Application for Registration of Name:

FIRST: ("X" one box only.) This application is for a ☐ new **OR** ☐ renewal of a registration of limited liability partnership name. A new application expires at the end of the calendar year in which the application is filed. A renewal application can be filed between October 1st and December 31st. The renewal application, when filed, renews the registration of the limited liability partnership's name for the following calendar year.

SECOND: The state or country under the laws of which it is organized is _____
and the address of its principal office is located at:

(street, city, state and zip code)

THIRD: The date of its organization is _____.

FOURTH: A brief statement of the nature of the limited liability partnership's business:
_____.

FIFTH: This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of limited liability partnership records in the state or country under whose law the foreign limited liability partnership is organized. In lieu of a certificate of existence, a copy of the foreign limited liability partnership's registration certified or stamped by the Secretary of State or other proper officer in its domestic jurisdiction is a sufficient equivalent if such an officer does not produce any other type of certificate of existence. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

DATED _____

*By _____
(signature of a partner)

(type or print name and capacity)

The filing of this application does not authorize a limited liability partnership to do business in Maine.

*Certificate **MUST** be signed by at least one **partner** except as otherwise provided ([§860.1](#)).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)